



CODE 1 DESCRIPTIONS

Code 1 Restrictions ensure that certain formulary medications with the potential for inappropriate use are reserved for appropriate clinical situations. If appropriate, please write the specific requirements on the prescription for the Code 1 drug. The pharmacist will be able to process the claim using the medical justification on the prescription.

DRUG		POS MESSAGE
AMOX TR/POTASSIUM CLAVULANATE		RESTRICTED TO OTITIS, PERIORBITAL CELLULITIS, HOSPITAL DISCHARGE. FIRST LINE ANTIBIOTICS SUCH AS AMOXICILLIN PREFERRED FOR OTHER DIAGNOSES.
CEFACLOR	250 MG/500MG	2ND LINE AGENT FOR PATIENTS RESISTANT OR ALLERGIC TO 1ST LINE AGENTS (AMOXICILLIN, ERYTHROMYCIN, TMP/SMX, OR ERYTHROMYCIN/SULFISOXAZOLE. RESTRICTED TO PATIENTS < 8 YEAR
CEFDINIR	125 MG/5ML 250 MG/5ML 300MG	PENICILLIN/SULFA ALLERGY OR FOR PREGNANCY AND PYELONEPHRITIS. FIRST LINE ANTIBIOTICS PREFERRED FOR OTHER DIAGNOSES
CEFDINIR	300 MG	2ND LINE AGENT FOR UTI AND AOM, OR PATIENTS WHO ARE PENICILLIN-ALLERGIC OR SULFA-ALLERGIC.
CIPROFLOXACIN HCL	100 MG	TREATMENT OF OSTEOMYELITIS, CHRONIC PYELONEPHRITIS, URINARY TRACT INFECTIONS, AND PULMONARY EXACERBATIONS OF CYSTIC FIBROSIS
DOXEPIN HCL		RESTRICTED TO USE IN ARTHRITIS
FLUCONAZOLE	100 MG	RESTRICTED TO USE IN PATIENTS WITH CANCER, AIDS, OR AIDS RELATED CONDITIONS AND ONLY FOR THE INDICATIONS AND USAGE AS SPECIFIED IN THE PACKAGE INSERT FOR THE DRUG PRODUCT.
ITRACONAZOLE	100 MG	RESTRICTED TO USE IN PATIENTS WITH AIDS OR AIDS RELATED CONDITIONS
LEVAQUIN	250 MG 500MG 750MG	RESTRICTED TO USE IN UPPER RESPIRATORY INFECTION, UTI OR EMERGENCY DISCHARGE MED

DRUG		POS MESSAGE
MYCOBUTIN	150 MG	RESTRICTED TO USE IN THE PREVENTION OF DISSEMINATED MYCOBACTERIUM AVIUM COMPLEX (MAC) IN PATIENTS WITH ADVANCED HIV INFECTION
OFLOXACIN	200 MG 300MG 400MG	1ST LINE TREATMENT FOR STD
PAROXETINE HCL	10 MG 20MG	RESTRICTED FOR GENERAL ANXIETY DISORDER. FLUOXETINE AND CITALOPRAM PREFERRED FOR OTHER DIAGNOSES
PAXIL	30 MG 40 MG	RESTRICTED FOR GENERAL ANXIETY DISORDER. FLUOXETINE AND CITALOPRAM PREFERRED FOR OTHER DIAGNOSES
PLAVIX	75 MG	RESTRICTED FOR HOSPITAL DISCHARGE, STENT OR ACUTE CORONARY SYNDROME
PRENATABS RX	29 MG-1 MG	RESTRICTED TO USE BY FEMALES UNDER 50 YEARS OF AGE
PRENATAL VITAMIN PREPARATIONS		RESTRICTED TO USE BY FEMALES UNDER 50 YEARS OF AGE
PROTOPIC	0.10%	TRIED/FAILED BETAMETHASONE DIPROPIONATE 0.05%, DESOXIMETASONE 0.05%, DIFLORASONE DIACETATE 0.05%, FLUOCINONIDE 0.05%, OR CLOBETASOL PROPIONATE 0.05%.
SPORANOX	10 MG/ML 250 MG	RESTRICTED TO USE IN PATIENTS WITH AID OR AIDS RELATED CONDITIONS
SUPRAX	400 MG 100 MG/5ML 200 MG/5ML	1ST LINE TREATMENT FOR STD; 2ND LINE TREATMENT FOR UTI, AOM